



General Assembly

January Session, 2009

Raised Bill No. 5671

LCO No. 2389

02389_____INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

***AN ACT CONCERNING HEALTH INSURANCE COVERAGE OF
PROSTHETIC DEVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-504 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2009*):

3 (a) Each insurance company, hospital service corporation, medical
4 service corporation, health care center or fraternal benefit society
5 [which] that delivers, [or] issues for delivery, renews, amends or
6 continues in this state individual health insurance policies providing
7 coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and
8 (12) of section 38a-469, shall provide coverage under such policies for
9 the surgical removal of tumors and treatment of leukemia, including
10 outpatient chemotherapy, reconstructive surgery, cost of any
11 nondental prosthesis including any maxillo-facial prosthesis used to
12 replace anatomic structures lost during treatment for head and neck
13 tumors or additional appliances essential for the support of such
14 prosthesis, outpatient chemotherapy following surgical procedure in
15 connection with the treatment of tumors, and a wig if prescribed by a
16 licensed oncologist for a patient who suffers hair loss as a result of

17 chemotherapy. Such benefits shall be subject to the same terms and
18 conditions applicable to all other benefits under such policies.

19 (b) Except as provided in subsection (c) of this section, the coverage
20 required by subsection (a) of this section shall provide at least a yearly
21 benefit of five hundred dollars for the surgical removal of tumors, five
22 hundred dollars for reconstructive surgery, five hundred dollars for
23 outpatient chemotherapy, three hundred fifty dollars for a wig and
24 three hundred dollars for a nondental prosthesis, except that for
25 purposes of the surgical removal of breasts due to tumors the yearly
26 benefit for such prosthesis shall be at least three hundred dollars for
27 each breast removed.

28 (c) The coverage required by subsection (a) of this section shall
29 provide benefits for the reasonable costs of reconstructive surgery on
30 each breast on which a mastectomy has been performed, and
31 reconstructive surgery on a nondiseased breast to produce a
32 symmetrical appearance. Such benefits shall be subject to the same
33 terms and conditions applicable to all other benefits under such
34 policies. For the purposes of this subsection, reconstructive surgery
35 includes, but is not limited to, augmentation mammoplasty, reduction
36 mammoplasty and mastopexy.

37 (d) In addition to the requirements set forth in subsections (a) and
38 (b) of this section, on and after January 1, 2012, each insurance
39 company, hospital service corporation, medical service corporation,
40 health care center or fraternal benefit society that delivers, issues for
41 delivery, renews, amends or continues in this state individual health
42 insurance policies providing coverage of the type specified in
43 subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 shall
44 provide coverage under such policies for prosthetic devices. Benefits
45 payable for prosthetic devices shall be at least two thousand five
46 hundred dollars for a prosthetic device per limb yearly and shall not
47 be applied to any policy maximums for durable medical equipment.
48 For the purposes of this subsection, "prosthetic device" means an

49 artificial device to replace, in whole or in part, an arm or a leg, except
50 that it does not include a device that contains a microprocessor or that
51 is designed exclusively for athletic purposes.

52 Sec. 2. Section 38a-542 of the general statutes is repealed and the
53 following is substituted in lieu thereof (*Effective October 1, 2009*):

54 (a) Each insurance company, hospital service corporation, medical
55 service corporation, health care center or fraternal benefit society
56 [which] that delivers, [or] issues for delivery, renews, amends or
57 continues in this state group health insurance policies providing
58 coverage of the type specified in subdivisions (1), (2), (4), (11) and (12)
59 of section 38a-469 shall provide coverage under such policies for
60 treatment of leukemia, including outpatient chemotherapy,
61 reconstructive surgery, cost of any nondental prosthesis, including any
62 maxillo-facial prosthesis used to replace anatomic structures lost
63 during treatment for head and neck tumors or additional appliances
64 essential for the support of such prosthesis, outpatient chemotherapy
65 following surgical procedures in connection with the treatment of
66 tumors, a wig if prescribed by a licensed oncologist for a patient who
67 suffers hair loss as a result of chemotherapy, and costs of removal of
68 any breast implant which was implanted on or before July 1, 1994,
69 without regard to the purpose of such implantation, which removal is
70 determined to be medically necessary. Such benefits shall be subject to
71 the same terms and conditions applicable to all other benefits under
72 such policies.

73 (b) Except as provided in subsection (c) of this section, the coverage
74 required by subsection (a) of this section shall provide at least a yearly
75 benefit of one thousand dollars for the costs of removal of any breast
76 implant, five hundred dollars for the surgical removal of tumors, five
77 hundred dollars for reconstructive surgery, five hundred dollars for
78 outpatient chemotherapy, three hundred fifty dollars for a wig and
79 three hundred dollars for a nondental prosthesis, except that for
80 purposes of the surgical removal of breasts due to tumors the yearly

81 benefit for such prosthesis shall be at least three hundred dollars for
82 each breast removed.

83 (c) The coverage required by subsection (a) of this section shall
84 provide benefits for the reasonable costs of reconstructive surgery on
85 each breast on which a mastectomy has been performed, and
86 reconstructive surgery on a nondiseased breast to produce a
87 symmetrical appearance. Such benefits shall be subject to the same
88 terms and conditions applicable to all other benefits under such
89 policies. For the purposes of this subsection, reconstructive surgery
90 includes, but is not limited to, augmentation mammoplasty, reduction
91 mammoplasty and mastopexy.

92 (d) In addition to the requirements set forth in subsections (a) and
93 (b) of this section, on and after January 1, 2012, each insurance
94 company, hospital service corporation, medical service corporation,
95 health care center or fraternal benefit society that delivers, issues for
96 delivery, renews, amends or continues in this state group health
97 insurance policies providing coverage of the type specified in
98 subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 shall
99 provide coverage under such policies for prosthetic devices. Benefits
100 payable for prosthetic devices shall be at least two thousand five
101 hundred dollars for a prosthetic device per limb yearly and shall not
102 be applied to any policy maximums for durable medical equipment.
103 For the purposes of this subsection, "prosthetic device" means an
104 artificial device to replace, in whole or in part, an arm or a leg, except
105 that it does not include a device that contains a microprocessor or that
106 is designed exclusively for athletic purposes.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2009</i>	38a-504
Sec. 2	<i>October 1, 2009</i>	38a-542

Statement of Purpose:

To expand health insurance coverage to include prosthetic devices.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]